

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark <i>8.25.10</i>	Date Received <i>8.29.10</i>	Notification# <i>218368</i>	
I. Type of Notification (O = Original R = Revised C = Cancelled) O				
II. FACILITY INFORMATION (Identify owner, removal, contractor, and other operator)				
OWNER NAME: STATE UNIVERSITY CONSTRUCTION FUND				
Address: 353 BROADWAY				
City: ALBANY	State: NY	Zip: 12246		
Contact: JOHN ALVARADO	Tel: 212-463-9550			
REMOVAL CONTRACTOR: AGA ENVIRONMENTAL				
Address: 1804 PLAZA AVENUE, SUITE #4				
City: NEW HYDE PARK	State: NY	Zip: 11040		
Contact: GILBERTO PADILLA	Tel: 516-488-6810			
III. TYPE OF OPERATION (D=Demo O=Ordered Demo R=RENOVATION E=EMER Renovation) Asbestos Removal				
IV. IS ASBESTOS PRESENT? (Yes/No) Yes				
V. FACILITY DESCRIPTION (include building name, number and floor or room number)				
Bldg. Name: SUNY AT PURCHASE COLLEGE				
Address: 735 ANDERSON HILL ROAD				
City: PURCHASE	State: NY	County: WESTCHESTER		
Site Location: BUILDING 39 – ROOF				
Building Size:	# of Floor: --	Age in Years:		
Present Use: SCHOOL	Prior Use:			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: MATERIAL: BULK SAMPLING				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
		Category I	Category II	UNIT
Pipes CAULKING				LnFt: 1500 Ln M:
Surface Area ROOF/FLASHING				SqFt: 835 Sq M:
Vol RACM Off Facility Component				CuFt: Cu M:
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)				
Start: 09/16/10		Complete: 12/31/10		
IX. SCHEDULE DATES DEMO/RENOVATION (MM/DD/YY) start:				Complete:

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Work will be performed following NYC DEP rules and regulations.

XII. WASTE TRANSPORTER 2A456

Name: TRI-STATE TRANSFER ASSOCIATES, INC.

Address: 199 RANDALL AVENUE

City: BRONX

State: NY

ZIP: 10474

Contact Person: RON FINK

Telephone: 718-617-0771

XIII. WASTE TRANSPORTER #

Name:

Address:

City:

State:

ZIP:

Contact Person:

Telephone:

XIII. WASTE DISPOSAL SITE

Name: MINERVA ENTERPRISES

Address: 9000 MINERVA ROAD

City: WAYNESBURG

State: WV

ZIP: 44688

Telephone: 330-866-3435

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:

Title:

Authority:

Date of Order (MM/DD/YY):

Date Order to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLE, PULVERIZED, OR REDUCED TO POWDER:

This project shall be performed under full containment

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THE PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL HOURS. (Required 1 year after promulgation).

August 23, 2010

Signature of Owner/Operator

Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

August 23, 2010

Signature of Owner/Operator

Date